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POTENTIAL ITEMS OF INTEREST
TO THE
CITIZENS OF BRIDGEPORT

BRIDGEPORT VOTES



Class LB3455

Book .B7

Dental Items of Interest to the Citizens of Bridgeport



Presented by
The Dental Department
of the
Bridgeport Board of Health



The School Dental Hygiene Corps of the Bridgeport Board of Health—1918-19—comprising dentists, supervisors and dental hygienists.

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THE DENTAL HYGIENISTS IN OUR SCHOOLS.

For years, the one chief endeavor in the school systems throughout this country has been to develop and educate the child's brain and little or no attention has been given to his body.

Good mental development is dependent upon a sound and healthy body. It has been generally considered by educational boards that the body of the child should be entirely under the supervision of the parents and that it was not the affair of the school authorities to do anything to correct or prevent physical defects. If the war has done nothing else it has shown us the fallacy of such a position. The findings of the draft boards have proven beyond any doubt that the school children must have medical inspection, education and aid in the correction and prevention of diseased and defective bodies.

The most common and conspicuous physical defect of the child is his teeth. For five years the city of Bridgeport has had an educational and preventive dental clinic for its school children. The corps of women dentists, supervisors and dental hygienists have been working under the Board of Health to stamp out, if possible, decayed teeth and unclean mouths. This corps is doing a wonderful work in our schools for the physical betterment of our children. We believe that the time is rapidly approaching in this state when every city and town will feel that it is necessary to have three distinct departments in its school system. First, the department for the mental development of the child, embracing the work undertaken by the school teachers. Second, the department for the physical development of the child in which the hygienist may teach the laws of health and aid him in the prevention of disease. Third, the medical department in which the school nurse may inspect and treat the minor afflictions and exclude or refer to the physician the more serious ailments. By a coordination of these departments the health and intelligence of our citizenship would be much advanced.

THE SCHOOL DENTISTS.

The great majority of children from five to six years of age have from one to four of the first permanent molars, commonly called six year molars, when they first enter school. These teeth erupt back of the baby or deciduous teeth and for this reason are seldom recognized by the mother as permanent teeth.

In our examination of the mouths of these first grade children it is exceptional to find the permanent molars in a sound, healthy condition. The grooves or fissures in many of these teeth are beginning to soften or decay. In order that all the children may enter our system of education and prevention of dental decay on the same basis, we provide for the filling of the first small cavities in the six year molars. Three women dentists devote their entire time to this work. They have portable equipments and travel from school to school, filling the first permanent molars for any child in the first or second grades. In the past four years they have filled hundreds of these molars where decay was just starting and this important service can hardly be fully appreciated except by those who know the evil effects produced by the destruction and loss of these most important teeth. We consider the preservation of the six year molar one of the most important parts of our preventive work. No effort is made to do general reparative dentistry in the school buildings.

The following article describes the effort of the city to provide good dentistry at an exceedingly nominal fee to those whose incomes will not permit them to obtain the services of a dentist in private practice.

A Wonderful Chance for the Wage-Earner and Family to Secure Good Dentistry.

High grade professional service, whether it be medicine, dentistry or law, must be considered as a luxury to the great mass of wage earning people in our city and one which they cannot afford. This is especially true of good dentistry. Cheap dentistry is apt to be more harmful than beneficial, for if the operations on the teeth are performed hastily and in an unscientific manner, serious complications may develop within the body, due to bacteria gaining entrance through the roots of the teeth or through the soft tissues which surround them.

There are hundreds of families in this city where the income is not sufficiently large to afford the services of a good dentist and yet they would like to save their teeth if possible. Decayed and diseased teeth produce much sickness and lower the efficiency and endurance of the workers. In a city like Bridgeport this becomes a serious health problem and must be met in a practical manner. Charity, which gives something of value for nothing, is not conducive to character building or good citizenship, and he who accepts it should be in desperate need of aid.

Realizing these facts the city of Bridgeport has placed a dental department in the Welfare Building, at the corner of Madison and Washington Avenues, which is accessible to the wage earner and his family, especially the children. It is not the intention of this department to give free dental service, except for the relief of pain to those who are too poor to pay for it, but to establish a clinic where first class dentistry may be secured at a very moderate cost and be within the means of all whose incomes are too small to enable them to go or send their children to a dentist in private practice. It is a movement to help those who are willing and anxious to help themselves, and the citizens, both little and big, who are eligible and avail themselves of this wonderful opportunity must not feel that they are accepting a charity in any way. Many people have secured an education after they were twenty years of age, but no one can secure a new body. Do not let your children's teeth go to pieces and become lost. It means too much to their future health and happiness.

RULES FOR ENTRANCE AND FEES.

Those who do not own their own homes and whose incomes do not exceed six dollars per week per capita are eligible for entrance. (For example: A family consisting of four members whose combined incomes amount to \$24 per week, or less, would be eligible.)

The admission fee is ten cents and the admission card to the dental department is good for sixty days.

The fees for services are as follows and must be paid each time the work is done.

Examination—ten cents.

Cleaning—twenty-five cents to one dollar. (Children will average twenty-five cents).

Extracting—twenty-five cents. With anesthetic, (thirty-five cents).

Treating—twenty-five cents.

Fillings

Alloy—twenty-five cents to one dollar. (Children will average twenty-five cents.)

Gutta percha—twenty cents.

Cement—twenty-five cents.

Silicate Cement—twenty-five cents to one dollar.

Those who are too poor to pay anything for this service must apply to the Charities Department for entrance.



The Dental Department of the Welfare Building, Corner Madison and Washington Avenues, contains the most modern and up-to-date equipment. Every facility for painless and scientific dentistry has been provided. These two graduate dentists are performing careful and skillful operations. The dental hygienist is very proficient in cleaning and polishing the teeth. A wonderful chance for those who are eligible.

THE MONEY VALUE OF EDUCATION.

You boys who are fourteen years of age and think of leaving school, read this page carefully and think it over.

You have said to yourselves time and again "What is the use of my staying in school any longer now when I can earn money by working?" And the answer is; "Your earning power depends upon how highly your brain is educated. Every year you stay in school after fourteen your earning power is increased." This is not a matter of guess work, it has been proven time and again. Read carefully these tables published by the United States Bureau of Education. If you are not obliged to leave school, stay in as long as you can. It will more than pay you.

THE PHYSICAL VALUE OF EDUCATION.

Do many of the boys and girls leaving school at fourteen years of age know how important it is to have a sound body and good health? Have they received sufficient education at this early period to fully appreciate that their happiness and success in life depends in no small degree on their freedom from sickness, and that sickness is usually contracted through ignorance? Do they know that with their limited education they will not be able to understand the laws of health?

Who are the poor and the objects of charity? Chiefly those who left school when they were young and their lack of education and knowledge has prevented them from working and living intelligently. In their ignorance they eat and drink things that are harmful, they develop habits of uncleanliness that produce sickness, they allow their teeth to decay, and the things that appeal to them most are the physical pleasures of life and excitement. These are blunt truths, but frequently it is wise to state the truth as it sometimes sets the public thinking. It is only through education that the prevention of disease can be brought about. The greater number of years that the children can be induced to remain in school will determine, in a great measure, the good health records of our city and of our state. But to the boy who is anxious to go to work at fourteen and to whom the subject of health and a sound body does not appeal just now, we would call his attention to the next page.

"The Money Value of Edu

WHAT FOUR YEARS IN SCHOOL PAID

WAGES OF TWO GROUPS BROOKLYN CITIZENS

| | Those who left School at 14 (Yearly Salary) | Those who left School at 18 (Yearly Salary) |
|-----------------------|---|---|
| When 14 Years of Age | 200 | 0 |
| " 16 " " " | 250 | 0 |
| " 18 " " " | 350 | 500 |
| " 20 " " " | 475 | 750 |
| " 22 " " " | 575 | 1000 |
| " 24 " " " | 600 | 1150 |
| " 25 " " " | 688 | 1550 |
| Total Salary 11 years | 5112.50 | |
| Total Salary 7 years | | 7337.50 |

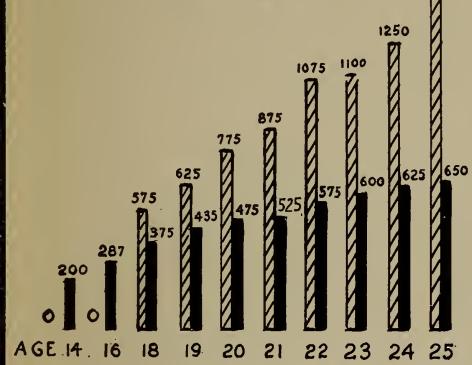
Notice that at 25 years of age the better educated boys are receiving \$900 per year more salary, and have already, in 7 years, received \$2250 more than the boys who left school at 14 years have received for eleven years' work.

**IT PAYS
TO CONTINUE YOUR STUDIES**



"Education" published by the United States Bureau of Education

WHAT INDUSTRIAL EDUCATION PAID 215 BOYS



The solid black columns represent the average yearly wage received by 584 children who left school at 14 years of age.

The hatched columns represent the average wage received by 215 boys who remained in technical schools till eighteen years of age.

Note that the technical-school students surpass the shop-trained boys from the beginning, and at 25 years of age are receiving \$900 per year higher salary.

DISTINGUISHED MEN OF AMERICA AND THEIR EDUCATION

With no schooling, of 5 million, only 31 attained distinction.

With elementary schooling, of 33 million, 808 attained distinction.

With High School education, of 2 million, 1245 attained distinction.

With College education, of 1 million, 5768 attained distinction.

The child with no schooling has one chance in 150,000 of performing distinguished service, with elementary education he has four times the chance, with High School education 87 times the chance, with College education 800 times the chance.

WHAT IS YOUR CHILD'S CHANCE?

WHAT CAN A MOTHER DO TO PREVENT HER CHILD FROM HAVING DECAYED TEETH?

This question has been asked from time to time by people, who having suffered from the evils of decayed and infected teeth, pyorrhea, etc., have resolved to do all in their power to guard their children from any unnecessary suffering and disease. The following is an outline of a course of prevention that is considered most efficient in the light of our present understanding of dental decay, infected teeth, malformation of the jaws and irregular teeth, pyorrhea, etc.

One of the factors to be considered is heredity. It is quite reasonable to believe that if the parents and grandparents of a child had good dentures, its inheritance would be far more favorable than that of a child whose parents had neglected mouths and decayed teeth. Unfortunately, a mother has no direct control over the kind of teeth her child inherits but she can have an influence in making the tooth inheritance of her great-grandchildren a desirable one. Aside from this the two controlling factors are **diet** and **extreme cleanliness**.

During babyhood the matter of diet is not complicated since milk embodies all that is necessary. The utmost care must be exercised as a child reaches the age when milk does not meet all the requirements of the body. Even at this early stage it is necessary to warn against the feeding of any free sugar, either cooked in foods or upon cereals, etc. This, no doubt, seems very radical. People have been accustomed to reason that free sugar was a food and that a certain amount of it must be consumed. This idea is erroneous because nature has provided all the sugar that the body needs in various foods such as milk, fruits, some of the vegetables, etc., besides ordaining that all starchy foods, as potatoes, bread, macaroni, rice, etc., be changed into sugar in the digestive process. The excessive consumption of free sugar that is so common among the English, French and Americans is undoubtedly why they have poorer teeth than any other people, while the native Italians, Armenians, Greeks, etc., who eat the same foods as we do, with the exception of so much sugar, are practically immune from dental decay. People like the Eskimos, African Negroes, natives of New Zealand, etc., who have never tasted sugar hardly know what a decayed tooth is, in spite of the fact that they do not know what a tooth brush is either.

Many people who are excessive sweet eaters develop a craving for sugar that is analogous to the craving that habitual drinkers

have for alcohol, and, in fact, the theory has been advanced that the fermentation of excessive sugar in the intestines frequently produces alcohol and is absorbed as such, and that what the candy fiend really craves is the alcoholic stimulus obtained in this manner.

In view of the foregoing, it does not seem unreasonable to assume that a mother, knowing these things, would make an effort to limit or exclude free sugar from the diet.

Aside from the elimination of free sugar, fresh, white bread and soft crackers must be avoided and in their place should be the hard, whole-wheat breads, zwieback, Swedish bread, toast or even stale white bread. The soft pappy foods which constitute the bulk of the diet of younger children require so little mastication and tend to form in sticky particles about the teeth, offering the most ideal conditions for dental caries.

Aside from this the failure to provide foods which require thorough mastication is a very serious thing. The normal development of the jaws, face and even the brain case itself is dependent upon thorough mastication. It also stimulates a copious flow of saliva to begin the digestion of foods in the mouth. It can be readily understood that hard, coarse foods are most sensible for many reasons.

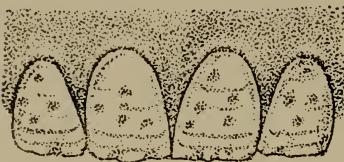
During the time that the temporary and permanent teeth are forming and the bony structure of the body is being built up, the body needs a large amount of calcium salts. In fact, calcium salt is the very foundation of tooth structure, and the amount of calcium available for use in tooth formation regulates whether the enamel of the tooth is hard and dense or relatively soft and porous.

Especial emphasis should be placed on foods that are high in calcium content as soon as the temporary teeth begin to erupt. Some of the most important of these foods are milk, butter milk, cheese, celery, spinach, turnips, radishes, string beans, kidney beans, cabbage, cauliflower, onions, carrots, etc.

No attempt has been made to prescribe a diet for a child, but simply to emphasize certain points in regard to diet that might be overlooked. Plenty of fresh fruit, eggs, a little meat and fish are also necessary. Cereals should be given but once a day, and one particular kind should not be continued for a long period. There is a large variety of cooked cereals which can be used.

It is not generally known that the contagious skin diseases, if contracted during childhood, bear a direct influence on the enamel of the teeth. Many mothers are inclined to look upon the common skin diseases of childhood as something that cannot be

avoided, and frequently no effort is made to prevent these diseases since it is felt that the younger a child is when it contracts the disease, the lighter the attack.



Pitted enamel surfaces caused by prolonged skin disease

It is not generally known that the enamel of the teeth is formed from similar cells as the skin and that any eruption or rash of the skin is likely to effect the formation of the enamel if it occurs during the period of enamel formation.

Every precaution should be taken to prevent a child from contracting measles, chicken pox, scarlet fever, etc., especially from birth to about fourteen years of age, during which period the enamel of fifty-two teeth is formed.

It is quite common to see teeth with an enamel surface that is pitted or grooved, and in many cases as much as half of the crown of a tooth will be minus any enamel due to some skin disturbance during its formation. Enamel somewhat similar in appearance can also be produced by any severe nutritional disturbance. It is practically impossible to prevent the decay of this defective enamel and any rash or eruption of the skin should be avoided for this reason.

In regard to the other factor—extreme cleanliness—the responsibility must rest upon the mother until the habit of mouth cleansing has been definitely formed and the child can be depended upon to do it thoroughly. Before the temporary teeth erupt the mouth should be swabbed with sterile cotton saturated with boric acid. This procedure is necessary both before and after feeding in order that the membrane of the mouth may be free of any particles of souring milk. This method can be continued until there are sufficient teeth to permit the use of a small, soft brush with a fine powder or paste, after each meal. When most of the temporary teeth are in place a fine thread or floss should also be used between the teeth to remove the food particles that cling so readily to these surfaces.

The preservation of the temporary teeth until they are lost naturally is most important and even the most rigid home care of the mouth must be augmented by a rubbing and polishing of all the tooth surfaces by a dentist or dental hygienist, at intervals of not longer than three months. The time to begin this prophylactic treatment is about three years of age.

A prophylactic treatment consists in the polishing by hand of every tooth surface to remove the glue-like accumulations, or

placques, which form on the teeth. The plaque is the initial step of dental decay and its thorough removal is the only insurance against cavities. The treatment is pleasant and a tactful operator can so readily secure the interest and confidence of a small child that the frequent visits to the dentist become a pleasure to both the child and the dentist.

At six years of age the first permanent molar teeth erupt back of all the temporary teeth. This molar is seldom recognized as a permanent tooth because it does not replace a deciduous tooth. It is by far the most important tooth in the denture and is commonly lost in early youth because the grooves or fissures in the chewing surface are not perfectly formed. The great demand of the body for calcium salts at the period of the formation of this tooth frequently results in the lack of complete union of the enamel plates on the chewing surface, offering deep grooves for the lodgement of food and formation of cavities. The simple preventive measure of filling these fissures with cement will help to eliminate the possibility of decay. This operation is necessary in the mouths of most children and the regular prophylactic treatments pave the way for this simple procedure because the element of fear of the dentist is absolutely lacking in the child.

As the child reaches an age to understand the process of rinsing the mouth without swallowing, a mouthwash prepared of coarse lime such as masons use for making coarse plaster, should be provided.

By the time the permanent teeth are erupting the care of the mouth consists in the brushing before breakfast with clear water and after each meal with a paste or powder, followed by the use of dental floss and lime water mouth wash. When this regime is faithfully carried out and is augmented by the prescribed diet and prophylactic treatments, a mother has secured for her child the greatest health insurance possible—a clean mouth and sound teeth.

THE CAUSES OF MALOCCLUSION.

How many times we hear people exclaiming over the even, straight teeth of some person they have seen, and yet if nature was not hindered in many ways, irregular teeth, instead of being so very common, would come to be regarded as a great deformity. It is considered quite a calamity for a child to have crossed eyes or bowed legs, while crooked teeth have become so common that we are constantly noticing, as an unusual thing, a regular set of teeth.

Normally the teeth of the upper jaw strike a little outside of the lower teeth and practically every tooth strikes against two other teeth. Normal occlusion is the correct way the teeth of one jaw mesh or strike with the teeth of the opposite jaw, and any perversion of this relationship is termed malocclusion.

The great majority of cases of malocclusion of the teeth could be prevented if people were not so ignorant of the factors which cause them. So many times a habit contracted in babyhood will produce malocclusion and destroy the normal symmetrical lines of the face, with the result that a pretty baby develops into a very unattractive looking adult. The most common habit is that of sucking the thumb or fingers. The popular fallacy that a thumb-sucking baby will be a good baby would not be so popular if it were known that this habit results, frequently, in a receding chin which is popularly supposed to denote a weak and vacillating character. Other pernicious habits, such as sucking the lips or tongue, or the use of a "pacifier" bring about a malformation of the jaws.

It is hard to realize how relatively soft and pliable the bones of the face are during childhood. If a child has, for any reason, become accustomed to breathing with the mouth open the constant tension of the muscles against the bones of the face is enough of a pressure to deform them.

The evidences of the bad effects of these habits are often not apparent to the casual observer when looking at the temporary teeth and it is often difficult to make a mother believe that any harm is being done.

The failure to provide hard, coarse foods that require thorough mastication is a very common cause of under development of the jaws, causing crowding and irregularity of the permanent teeth. Children are fed soft, pappy foods which require little or no chewing and the bones and muscles of the face do not develop because of lack of use.

The premature loss of any of the temporary teeth causes irregularity of the permanent teeth. Each temporary tooth is a sort of "reserved seat" for a permanent one which is sometimes twice as large, and its premature removal results in the closing of the space where the permanent tooth should normally erupt. It is also true that the loss of permanent teeth will destroy the occlusion. In fact, the removal of one tooth directly effects no less than four other teeth, for the teeth on either side of it will tip out of position while the occluding teeth will elongate. The loss of the first permanent molar, which erupts at six years of age is one of

the most frequent causes of malocclusion. These molars will normally keep the jaws in proper relationship while the temporary teeth are being shed, but they are seldom recognized as permanent teeth and, consequently, neglected. Their loss will inevitably produce a serious disarrangement of the whole chewing apparatus.

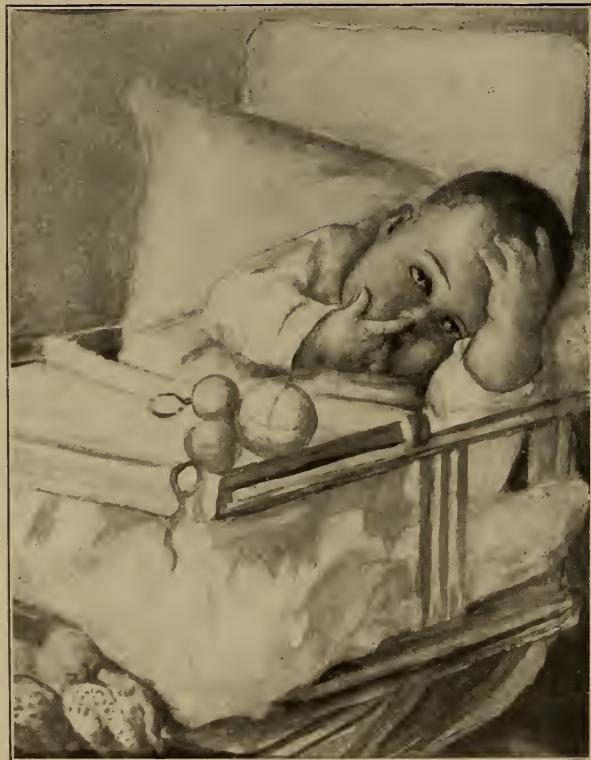
While the science of regulating and straightening teeth has been developed quite extensively it is necessarily a careful, tedious and painstaking operation covering a period of years, and only the most skilled specialists are competent to do it. The expense of such an operation also makes it prohibitive to many people and children are forced to go through life with an imperfect masticating machine and deformed faces.

The prevention in most cases is the breaking of any pernicious habit as mentioned and the preservation of the temporary teeth and first permanent molars. If the diet consists of foods requiring thorough mastication we can depend on nature, if unhindered, to produce a set of regular teeth.



Mouth deformed by the use
of a baby comforter.

The baby "pacifier" or comforter has ruined many mouths and should never be given to a child.



Mouth deformed by
sucking fingers.

Babies are often allowed to suck their fingers or thumbs and continue this habit over a period of several years. The presence of the fingers in the mouth and the force exerted by the child in sucking cause many very bad deformities.

PAT. JAN. 21, 1908

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